

Prepared by and return to:
Hugh H. Armistead, Attorney
P.O. Box 609
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662-895-4844

P BK 104 PG 445
STATE MS.-DE SOTO CO.

AUG 30 11 43 AM '04

GENERAL AND DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **JUSTINE K. HOLLOWAY**, an adult resident of 9318 Pigeon Roost Avenue, Olive Branch, DeSoto County, Mississippi 38654, do hereby appoint my daughter, **JUDY BERRYHILL** of Olive Branch, MS 38654, as my true and lawful attorney, for me and in my name to do the following, to wit:

To sign and endorse all checks payable to me; to transfer all property both real and personal for me; to handle all banking for me; to handle all tax matters for me on both State and Federal levels; to manage my estate and property for rental or sale; to deposit monies, withdraw monies, and to invest monies for me; to receive debts; to settle accounts; to prosecute and defend all actions or legal proceedings; to vote at stockholder meetings; to pay household expenses; to pay charitable contributions; to authorize medical treatment for me and to sign all medical authorizations and releases; and in general, to do all other acts, deeds, matters, and things whatsoever in or about my estate, property, or affairs, or to concur with persons jointly interested with myself therein in the management of my estate, whether particularly or generally described, as fully and effectually to all intents and purposes as I could do in my own proper person if personally present.

And, I, the said **JUSTINE K. HOLLOWAY**, being of sound and competent mind, do hereby ratify, confirm and promise at all times to ratify and confirm all acts performed by my lawful attorney. Further, it is my specific intention that this Power of Attorney be construed as broadly as possible as it is my desire that my daughter, **JUDY BERRYHILL**, be able to perform any and all acts for and in my behalf, without the requirement of bond or any other security.

Further, that this general power of attorney shall not be affected by any subsequent mental or physical debility, or incapacity that I may suffer. All acts done by my attorney-in-fact pursuant to this durable power of attorney during any period of my disability or incapacity have the same effect and inure to the benefit of and bind me and my successors in interest as if I were competent and not disabled. Thus, this General Power of Attorney shall remain in full force and effect and shall not be revoked by operation of law.

IN WITNESS WHEREOF I have hereunto signed, sealed and delivered this instrument this the 27th day of August, 2004.

Justine K. Holloway
JUSTINE K. HOLLOWAY

WITNESS:

Hugh H. Armistead
STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this 27th day of August, 2004, within my jurisdiction, the within named **JUSTINE K. HOLLOWAY**, who acknowledged that she executed the above and foregoing Power of Attorney as her free and voluntary act and for the purposes therein expressed.

[Signature]
Notary Public

My Commission Expires:
10/24/07

